CPT ADVISOR

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Eight-year experience with cryopreserved arterial homografts for the in situ reconstruction of abdominal aortic infections

This article reviews the use of cryopreserved homografts for aorto-iliac arterial reconstruction.

When a prior prosthetic aortic bypass graft becomes infected, one treatment option includes graft excision with aortic ligation and extra-anatomic bypass of the lower extremities. CPT code 35907 is used to report excision of an infected abdominal graft. Axillo-bifemoral bypass with "other than vein" is described by CPT code 35654 (actually listed as "axillary-femoral-femoral" in the CPT manual). The lower-valued code is, of course, subject to the multiple procedure discount and cut by fifty percent if performed on the same date of service. If the bypass is done first and then the graft excision is performed days to weeks later, the second procedure will fall within a 90-day global period and require the −58 "staged procedure" modifier for appropriate reimbursement.

An alternative approach replaces the infected prosthesis with a new reconstruction that lays in the same abdominal field. This can be autogenous femoral vein, prosthetic (sometimes antibiotic soaked), or homograft. CPT code 35907 is still appropriate for removal but the arterial bypass will be based on inflow, outflow, and conduit. Aortobi-iliac bypass with homograft or prosthetic is reported by CPT code 35638, while aortobifemoral reconstruction with similar graft materials is described by CPT code 35646. There is no additional reimbursement for soaking material in antibiotic. When femoral vein is harvested from both thighs and an aortobi-iliac bypass is performed with the autogenous conduit, CPT code 35538 describes the revascularization and the add-on CPT code 35572 depicts the additional physician work associated with thigh dissection and removal of the deep vein for bypass. The −50 "bilateral" modifier should be appended when both legs are addressed. If the operation extends distally as an aortobifemoral bypass in this situation, CPT code 35540 is more fitting.

If a mycotic aneurysm develops in the aorta without prior reconstruction, the treatment follows standard open aneurysm CPT coding when in-situ replacement is undertaken. These descriptions state "direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease" and are outlined in a March 2010 article.[1]

If there is an aorto-enteric fistula and the vascular surgeon performs a primary repair of the small bowel, CPT code 44602 defined as "suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation" is reported as well. However, if there is significant necrosis of the small bowel that requires resection with primary anastomosis, CPT code 44120 (enterectomy, resection of small intestine; single resection and anastomosis) is more fitting.

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